



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

Shults, et al.

Appl. No.

09/916,858

Filed

: July 27, 2001

For

DEVICE AND METHOD FOR DETERMINING ANALYTE

LEVELS

Examiner

: Nasser, R.

Group Art Unit

3736

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

June 18, 2004

Rose M. Thiessen, Reg. No. 40,202

AMENDMENT

RECEIVED

JUN 2 9 2004

TECHNOLOGY CENTER 3700

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed March 22, 2004, Applicants respectfully request that the Examiner enter the following amendments and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

Customer No.: 20,995 Docket No.: DEXCOM.8DVCP2



AMENDMENT / RESPONSE TRANSMITTAL

Shults, et al.

09/916,858

Filed July 27, 2001

DEVICE AND METHOD FOR For

DETERMINING ANALYTE

LEVELS

Examiner

Nasser, R.

Art Unit

3736

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

June 18, 2004

Rose M. Thiessen, Reg. No. 40,202

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

RECEIVED JUN 2 9 2004

TECHNOLOGY CENTER 3700

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- Amendment in 11 pages. (X)
- (X) Terminal Disclaimer in 2 pages.
- The present application qualifies for small entity status under 37 C.F.R. § 1.27. (X)

The fee has been calculated as shown below:

FEE CALCULATION								
FEE TYPE						FEE CODE	CALCULATION	TOTAL
Total Claims	42	-	43	=	0	2202 (\$9)	0 x 9 =	\$0
Independent Claims	2	-	3	=	0	2201 (\$43)	0 x 43 =	\$0
Multiple Claim	0	-	1	=	0	2203 (\$145)	0 x 145 =	\$0
1 Month Extension						2251 (\$55)		\$0
2 Month Extension						2252 (\$210)		\$0
3 Month Extension	-					2253 (\$475)		\$0
Terminal Disclaimer						2814 (\$55)		\$55
	•						TOTAL FEE DUE	\$55

- A check in the amount of \$55 is enclosed. (X)
- (X) Return prepaid postcard.

Docket No.: DEXCOM.8DVCP2 Customer No.: 20,995

(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1419

Rose M. Thiessen
Registration No. 40,202
Attorney of Record
Customer No. 20,995
(619) 235-8550

S:\DOCS\RMT\RMT-4320.DOC: 061804